MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07589

7598

CERTIFICATE OF DEATH

Reg. Dist. No. 2-02

Item 8 Film G169 9-7-54 et

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kennedyville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent + Queen Anne's

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Kent
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kennedyville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) MOLLY (Middle) ANNIE MARY (Last) ARCHIBALD

4. DATE OF DEATH: (Month) 8 (Day) 25 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):

8. DATE OF BIRTH: 6 June 1867 (1868)

9. AGE last birthday 86 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: John S. Hurlock

14. MOTHER'S MAIDEN NAME: Sara Poore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Maude Archibald Kennedyville

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

IMMEDIATE CAUSE (A) Generalized arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO + related cachexia — 1 mo.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan ..., 1954, to Aug ..., 1954, that I last saw the deceased alive on 25 Aug ..., 1954, and that death occurred at 7 48/A M, from the causes and on the date stated above.

SIGNATURE R. M. Atkins M.D. ADDRESS Chestertown DATE SIGNED 25 Aug. 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF aug 28, 1954 — NAME OF CEMETERY OR CREMATORY Still Pond Cemetery — LOCATION (City, town, or county) (State) Still Pond, Md.

DATE REC'D BY LOCAL REGISTRAR Aug. 26-1954 — REGISTRAR'S SIGNATURE Clara S. Baines

24. FUNERAL DIRECTOR B. R. Fillows — ADDRESS Still Pond, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

RECEIVED
AUG 30 1954
BUREAU V. S.

7599 MARYLAND STATE DEPARTMENT OF HEALTH

07590

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown — LENGTH OF STAY (in this place) all my life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Chestertown Kent & Queen Anne's County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Shaytin
STREET ADDRESS (If rural, give location) Rock Hall.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) W. (Last) Butler

4. DATE OF DEATH (Month) Aug (Day) 8 (Year) 1954

5. SEX M

6. COLOR OR RACE Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH March 19 1912

9. AGE last birthday 42 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterman

10b. KIND OF BUSINESS OR INDUSTRY Farm

11. BIRTHPLACE (State or foreign country) Rock Hall Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Arthur Butler

14. MOTHER'S MAIDEN NAME Helen Manning

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NK (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 219-03-2646

17. INFORMANT AND ADDRESS Clara S. Butler. Rock Hall. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Delerium treamore - Shock — 24 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Alcoholism — years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Severe cellulitis of rt. leg — 3 days

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 5, 1954, to Aug 8, 1954, that I last saw the deceased alive on Aug 8, 1954, and that death occurred at 1 to 4 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Willard F Smith MD — Rock Hall, Md — Aug 9, 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Aug. 10, 1954 — NAME OF CEMETERY OR CREMATORY Shaytin Cemetery — LOCATION (City, town, or county) (State) Rock Hall, Maryland

DATE REC'D BY LOCAL REG. Aug. 10-1954 — REGISTRAR'S SIGNATURE Clara L. Barnes.

24. FUNERAL DIRECTOR — ADDRESS Marvin V. Wallace — Church Road

RECEIVED
AUG 12 1954
BUREAU V. S.

7600 07591

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place) A few hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mill St. & Cannon St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Kent
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Fairlee which is near
STREET ADDRESS (If rural, give location) Chestertown, Md.

3. NAME OF DECEASED: (Type or Print) (First) ROBERT ALEXANDER (Middle) (Last) HARTLESS

4. DATE OF DEATH (Month) August (Day) 7 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married	Dec 28, 1909	44 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Carpenter	Laborer	Lexington, Va.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John Hartless	Dont Know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no		230-05-1980	Frances Harless Fairlee Md. Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Probable coronary thrombosis. — Interval between onset and death:

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. Hart W. Farr M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 8-7-54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/10/1954	Double Creek Cem.	Queen Anne County, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 9-1954	Clara S. Barnes.	J. Willis Wells	Chestertown, Md.

RECEIVED
AUG 11 1954
BUREAU V. S.

07592

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7601 CERTIFICATE OF DEATH

Reg. Dist. No. 202

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne's Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Kent
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown
STREET ADDRESS (If rural give location) 601 High Street

3. NAME OF DECEASED: (First) Baby (Middle) Boy (Last) Kennard
4. DATE OF DEATH: (Month) August (Day) 9 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: August 9, 1954
9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 1 Min. 34
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Albert Kennard
14. MOTHER'S MAIDEN NAME: Helen Catherine Pennell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mother - SAME AS Above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
776X
IMMEDIATE CAUSE (A) Prematurity
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)
INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-9, 1954 to 8-9, 1954 that I last saw the deceased alive on 8-9, 1954, and that death occurred at 4:00 P.M., from the causes and on the date stated above.
SIGNATURE E. M. Hilkins, M. D. ADDRESS Chestertown, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation
DATE THEREOF 8-10-54
NAME OF CEMETERY OR CREMATORY Cremation
LOCATION (City, town, or county) (State) Chestertown, Md.

DATE REC'D BY LOCAL REGISTRAR Aug. 12-1954
REGISTRAR'S SIGNATURE Clara L. Barnes.
24. FUNERAL DIRECTOR ADDRESS

RECEIVED
AUG 16 1954
BUREAU V. S.

7602 **MARYLAND STATE DEPARTMENT OF HEALTH** 07593

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH — COUNTY: Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown — LENGTH OF STAY (in this place): 67
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Kent and Queen Anne's Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestreville 178-2
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) Boy (Last) Porter
4. DATE OF DEATH: (Month) Aug (Day) 15 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Aug 15 1954
9. AGE last birthday: yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours 2 / Min. 30
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Roy D Porter
14. MOTHER'S MAIDEN NAME: Mary Joanne Archer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mother - Same as above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Marked Premature Child — 2½ hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Non Viability 5½ mo Gestation — 2½ hrs

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 15, 1954, to Aug 15, 1954, that I last saw the deceased alive on Aug 15, 1954, and that death occurred at 5 30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): C Rodney Layton MD — ADDRESS: Centreville, Md — DATE SIGNED: 8-15-54

23. BURIAL, CREMATION REMOVAL (Specify): Cremation — DATE THEREOF: 8-16-54 — NAME OF CEMETERY OR CREMATORY: Kent & Queen Anne Hosp. — LOCATION (City, town, or county) (State): Chestertown, Md.

DATE REC'D BY LOCAL REG.: Aug. 19-1954 — REGISTRAR'S SIGNATURE: Clara S. Barnes
24. FUNERAL DIRECTOR — ADDRESS

208427322V

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M C I

RECEIVED
AUG 23 1954
BUREAU V. S.

7603 **MARYLAND STATE DEPARTMENT OF HEALTH** 07594

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown LENGTH OF STAY (in this place) 20 days.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Worton
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kentland Queen Anne	STREET ADDRESS (If rural, give location) Smithville

3. NAME OF DECEASED (Type or Print)	(First) Harvey	(Middle) England	(Last) Smith	4. DATE OF DEATH	(Month) August (Day) 13 (Year) 1954
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Oct. 15, 1892	9. AGE last birthday 61 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? USA.		
13. FATHER'S NAME Hyland P. Smith	14. MOTHER'S MAIDEN NAME Annie O. Sollaway				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY No. 220-26-3145	17. INFORMANT AND ADDRESS Mrs. Harvey E. Smith, Worton, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Circulatory collapse	12 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Shotgun wound of left chest	20 days
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 7-25-54	19b. MAJOR FINDINGS OF OPERATION Shotgun wound left chest wall, lung, diaphragm, colon, spleen	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home	(CITY OR TOWN) Worton (COUNTY) Kent (STATE) Md.
TIME OF INJURY (Month) 7 (Day) 25 (Year) 54 (Hour) 12 30 p.m.	INJURY OCCURRED While at Work ☐ Not While At work ☑	HOW DID INJURY OCCUR? Shotgun wound

22. I hereby certify that I attended the deceased from 7-25, 1954, to 8-13, 1954, that I last saw the deceased alive on 8-12, 1954, and that death occurred at 6 05 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A. C. Dick	M.D.	Chestertown, Md	8-13-54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 15 1954	Chester Cemetery	Chestertown Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 15-1954	Clara S. Barnes.	Marvin U. Williams - Chestertown	Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 17 1954
BUREAU V. S